|   |   | ation to identify   |   |   |  |            |             |                       |
|---|---|---|---|---|--|------------|-------------|-----------------------|
| Debtor  | I   | Jennifer S<br>First Name  | Middle Name                             | La                                      | ast Name   |            |             |                       |
| Debtor 2  |   | TO AN   | X: 111 X                                |   | ···  |            |             |                       |
| (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO  |   |   |   |   | Check if this is an amended plan, and list below the sections of the plan that           |            |             |                       |
| Case nu   | mber:   | 20-10287 (J   | JPS)                                    |   |  |            | have been c |                       |
| (If known)  | )   |   |   |   |  |            |             |                       |
|   | al Form   |   |   |   |  |            |             |                       |
| Chapt   | er 13 P   | lan   |   |   |  |            |             | 12/17                 |
|   |   |   |   |   |  |            |             |                       |
| Part 1:   | Notices   |   |   |   |  |            |             |                       |
| To Debt   | or(s):  | indicate that   | the option is ap                        | propriate in you                        | priate in some cases, but t<br>r circumstances or that it i<br>ulings may not be confirm | is permiss |             |                       |
|   |   | In the following  | ng notice to cred                       | itors, you must ch                      | neck each box that applies   |            |             |                       |
| To Creditors:   |   | Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one. |   |   |  |            |             |                       |
| If you oppose the plan's treatment of your claim or any provision of this plan, you or your atto confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwice Court. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation, you may need to file a timely proof of claim in order to be |   |   | s otherwise order<br>ction to confirmat | ed by the Bankruptcy tion is filed. See |  |            |             |                       |
|   |   | plan includes   |   | owing items. If a                       | ortance. <i>Debtors must check</i><br>n item is checked as "Not In                       |            |             |                       |
| 1.1   |   |   |   | nim, set out in Se                      | ction 3.2, which may result  | t in       | Included    | <b>✓</b> Not Included |
| 1.2   |   | ce of a judicia<br>Section 3.4.   | l lien or nonpos                        | sessory, nonpur                         | chase-money security inter   | rest,      | Included    | <b>✓</b> Not Included |
| 1.3   | Nonstand  | lard provision  | ns, set out in Par                      | rt 8.                                   |  |            | Included    | <b>✓</b> Not Included |
| Part 2: Plan Payments and Length of Plan  |   |   |   |   |  |            |             |                       |
| 2.1   | Debtor(s  | ) will make re  | egular payments                         | to the trustee as                       | s follows:   |            |             |                       |
| \$366.00  | per <u>Mont</u>   | : <u>h</u> for <u>55</u> mont   | hs                                      |   |  |            |             |                       |
| Insert additional lines if needed.  |   |   |   |   |  |            |             |                       |
|   | If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in this plan.         |   |   |   |  |            |             |                       |
| 2.2   | Regular payments to the trustee will be made from future income in the following manner.  |   |   |   |  |            |             |                       |
|   | Check all that apply:  Debtor(s) will make payments pursuant to a payroll deduction order.  Debtor(s) will make payments directly to the trustee.  Other (specify method of payment): |   |   |   |  |            |             |                       |
|   | me tax ref  | unds.   |   |   |  |            |             |                       |
| Chec  | ck one.   | Debtor(s) will  | retain any incon                        | ne tax refunds rec                      | eived during the plan term.  |            |             |                       |

APPENDIX D Chapter 13 Plan Page 1

| Debtor     |                   | Jennife  | r S. Trotter   |                                 | Case number   | r   |  |
|------------|-------------------|--|--|---------------------------------|---|---|--|
|            |                   |  |  | with a copy of each income to   |   |   | nin 14 days of filing the  |
|            | <b>⋠</b>          |  | r(s) will treat income refun<br>onfirmation order  | nds as follows:                 |   |   |  |
| 2.4 Addi   | itional p         | payments   |  |                                 |   |   |  |
| Chec       | ck one.<br>✔      | None.  | If "None" is checked, the  | rest of § 2.4 need not be comp  | oleted or reproduced  | 1.  |  |
| 2.5        | The to            | otal amou  | int of estimated payment   | s to the trustee provided for   | in §§ 2.1 and 2.4 is  | \$ <b>8,680.00</b> .  |  |
| Part 3:    | Treat             | tment of S   | Secured Claims   |                                 |   |   |  |
| 3.1        | Maint             | enance o   | f payments and cure of d   | efault, if any.                 |   |   |  |
|            | Check<br><b>✓</b> |  | If "None" is checked, the  | rest of § 3.1 need not be com   | pleted or reproduced  | <i>I</i> .  |  |
| 3.2        | Reque             | est for val  | luation of security, paym  | ent of fully secured claims, a  | and modification of   | undersecured cla  | ims. Check one.  |
|            | <b>✓</b>          | None.  | If "None" is checked, the  | rest of § 3.2 need not be com   | oleted or reproduced  | l.  |  |
| 3.3        | Secure            | ed claims  | excluded from 11 U.S.C.  | § 506.                          |   |   |  |
|            | Check  □  ✓       | None. The cl  (1) inc acc  (2) inc  These the tru proof of the abs | aims listed below were either arms listed below were either arms within 910 days before the personal use arms within 1 year of the claims will be paid in full stee or directly by the debt of claim filed before the filesence of a contrary timely | ore the petition date and secur | purchase money see<br>the rate stated below<br>less otherwise ordere<br>by Rule 3002(c) contants stated below are | oney security interecurity interest in an w. These payments and by the court, the rols over any contr | y other thing of value. will be disbursed either by claim amount stated on a ary amount listed below. In |
| Name o     | of Credi          | tor  | Collateral   | Amount of claim                 | Interest rate   | Monthly plan payment  | Estimated total payments by trustee  |
| Credit     |                   | tance  | 2016 KIA Forte   | <u>\$13,100.00</u>              | 7.00%   | \$296.07 Disbursed by:  Trustee Debtor(s)   | \$16,283.77  |
| 3.4        |                   | voidance   |  |                                 |   |   |  |
| Check or   |                   |  |  | rest of § 3.4 need not be comp  | oleted or reproduced  | <i>I</i> .  |  |
| 3.5        | Surre             | nder of c  | ollateral.   |                                 |   |   |  |
|            | Check<br><b>√</b> |  | If "None" is checked, the  | rest of § 3.5 need not be comp  | pleted or reproduced  |   |  |
| Part 4:    | Treat             | ment of  | Fees and Priority Claims   |                                 |   |   |  |
| 4.1        | Gener             | al   |  |                                 |   |   |  |
| Official l | Form 11           | 13   |  | Chapter 13                      | Plan  |   | Page 2   |

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Official Form 113

| Debtor                 | or Jennifer S. Trotter   | Case number   |
|------------------------|--|---|
|                        | Trustee's fees and all allowed priority claims, including don without postpetition interest.                                       | nestic support obligations other than those treated in § 4.5, will be paid in full  |
| 1.2                    | Trustee's fees Trustee's fees are governed by statute and may change during the plan term, they are estimated to total \$1,049.00. | ng the course of the case but are estimated to be <b>5.50</b> % of plan payments; and   |
| 1.3                    | Attorney's fees.   |   |
|                        | The balance of the fees owed to the attorney for the debtor(s  | ) is estimated to be \$2,800.00.  |
| 1.4                    | Priority claims other than attorney's fees and those treat   | ed in § 4.5.  |
|                        | Check one.  ✓ None. If "None" is checked, the rest of § 4.4 need   | not be completed or reproduced.   |
| 1.5                    | Domestic support obligations assigned or owed to a gove  | rnmental unit and paid less than full amount.   |
|                        | Check one.  None. If "None" is checked, the rest of § 4.5 need   | not be completed or reproduced.   |
| Part 5:                | 5: Treatment of Nonpriority Unsecured Claims   |   |
| 5.1                    | Nonpriority unsecured claims not separately classified.  |   |
|                        | providing the largest payment will be effective. Check all th  | y classified will be paid, pro rata. If more than one option is checked, the option at apply.   |
| <b>✓</b>               | The sum of \$ 0.00 .  0.00 % of the total amount of these claims, an estima The funds remaining after disbursements have been made |   |
|                        |  | 7, nonpriority unsecured claims would be paid approximately \$  owed nonpriority unsecured claims will be made in at least this amount. |
| 5.2                    | Maintenance of payments and cure of any default on nor   | priority unsecured claims. Check one.   |
|                        | None. If "None" is checked, the rest of § 5.2 need   | not be completed or reproduced.   |
| 5.3                    | Other separately classified nonpriority unsecured claims   | . Check one.  |
|                        | <b>None.</b> <i>If "None" is checked, the rest of § 5.3 need</i>   | not be completed or reproduced.   |
| Part 6:                | 6: Executory Contracts and Unexpired Leases  |   |
| 5.1                    | The executory contracts and unexpired leases listed belocontracts and unexpired leases are rejected. Check one.                    | w are assumed and will be treated as specified. All other executory   |
|                        | None. If "None" is checked, the rest of § 6.1 need   | not be completed or reproduced.   |
| Part 7:                | 7: Vesting of Property of the Estate   |   |
| <b>7.1</b> <i>Chec</i> | Property of the estate will vest in the debtor(s) upon heck the appliable box:  plan confirmation. entry of discharge. other:      |   |

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| Debt   | or Jennifer S. Trotter   | Case number  |
|--------|--|--|
| Part 8 | 8: Nonstandard Plan Provisions   |  |
| 8.1    | Check "None" or List Nonstandard Plan Pr  ✓ None. If "None" is checked, the rest | ovisions of Part 8 need not be completed or reproduced.                                      |
| Part 9 | 9: Signature(s):   |  |
| 9.1    | Signatures of Debtor(s) and Debtor(s)' Attor                                     | ney  |
|        |  | ust sign below, otherwise the Debtor(s) signatures are optional. The attorney for Debtor(s), |
|        | , must sign below.   |  |
| _      | /s/Jennifer S. Trotter   | X  |
|        | Jennifer S. Trotter  | Signature of Debtor 2  |
|        | Signature of Debtor 1  |  |
|        | Executed on <u>01/16/20</u>  | Executed on  |
| X      | /s/Lee R. Kravitz  | Date 01/16/20  |
| -      | Lee R. Kravitz 0025634   | <del></del>  |

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Official Form 113, other than any nonstandard provisions included in Part 8.

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Signature of Attorney for Debtor(s)

| Debtor | Jennifer S. Trotter | Case number |  |
|--------|---------------------|-------------|--|
|        |                     |             |  |

## **Exhibit: Total Amount of Estimated Trustee Payments**

The following are the estimated payments that the plan requires the trustee to disburse. If there is any difference between the amounts set out below and the actual plan terms, the plan terms control.

| a.  | Maintenance and cure payments on secured claims (Part 3, Section 3.1 total)              | \$0.00      |
|-----|--|-------------|
| b.  | Modified secured claims (Part 3, Section 3.2 total)                                      | \$0.00      |
| c.  | Secured claims excluded from 11 U.S.C. § 506 (Part 3, Section 3.3 total)                 | \$16,283.00 |
| d.  | Judicial liens or security interests partially avoided (Part 3, Section 3.4 total)       | \$0.00      |
| e.  | Fees and priority claims (Part 4 total)  | \$3,849.00  |
| f.  | Nonpriority unsecured claims (Part 5, Section 5.1, highest stated amount)                | \$0.00      |
| g.  | Maintenance and cure payments on unsecured claims (Part 5, Section 5.2 total)            | \$0.00      |
| h.  | Separately classified unsecured claims (Part 5, Section 5.3 total)                       | \$0.00      |
| i.  | Trustee payments on executory contracts and unexpired leases (Part 6, Section 6.1 total) | \$0.00      |
| j.  | Nonstandard payments (Part 8, total) +   | \$0.00      |
| Tot | al of lines a through j  | \$20,132.00 |

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